

County: Aiken

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AIKEN CENTER FOR ACTIVE SENIORS 690 MEDICAL PARK DR AIKEN, SC 29801-6348 FAC.#:803-226-0355 POTEAT, KAREN PH#: 803-215-6767 Facility Email: MKCARES.KPOTEAT@GMAIL.COM	Aiken / Limited Liability 113 HARTWELL DR AIKEN, SC 29803-5807 MK CARES LLC ADC-0298 / 01/31/2014	30
Number of Participants:		30
GINGER'S ADULT DAY CARE 401 W MARTINTOWN RD STE 201 NORTH AUGUSTA, SC 29841-6130 FAC.#:803-279-7822 SIMPKINS, ALVERNEQ H PH#: 803-279-7822 Facility Email: HATTAE25@HOTMAIL.COM	Aiken / Ltd. Liability 401 W MARTINTOWN RD STE A NORTH AUGUSTA, SC 29841-6130 GINGER'S ADULT DAY CARE LLC ADC-0273 / 06/30/2014	5
Number of Participants:		5

Totals For Facility/License Type: Adult Day Care**Number of Activities/Facilities licensed: 2 Number Licensed Units: 35**

County: Aiken

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AMBULATORY SURGICAL CENTER OF AIKEN 4211 TROLLEY LINE RD AIKEN, SC 29801-2749 FAC.#:803-648-2840 HINER, ERIC A PH#: 803-648-2840 Facility Email: ERIC@AIKENSURGERY.COM	Aiken / Limited Liability 4211 TROLLEY LINE RD AIKEN, SC 29801-2749 AMBULATORY SURGICAL CENTER OF AIKEN LLC ASF-0096 / 11/30/2014	6
Operating Rooms: 4 Procedure Rooms: 1 Endoscopy Rooms: 1		
CAROLINA AMBULATORY SURGERY CENTER 110 PEPPER HILL WAY AIKEN, SC 29801-2818 FAC.#:803-642-6060 HUTTO, CHRISTY K PH#: 803-642-6060 Facility Email: CKHUTTORN@HOTMAIL.COM	Aiken / Corporation 110 PEPPER HILL WAY AIKEN, SC 29801-2818 CASC ACQUISITION INC ASF-0101 / 05/31/2014	2
Operating Rooms: 1 Procedure Rooms: 1 Endoscopy Rooms: 0		

Totals For Facility/License Type: Ambulatory SurgeryNumber of Activities/Facilities licensed: 2 Number Licensed Units: 8

Division of Health Licensing

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BLACK'S DRIVE COMMUNITY RESIDENCE 160 BLACKS DR WILLISTON, SC 29853-3558 FAC.#:803-259-7472 GRANT, ARETHA F PH#: 803-259-7472 Facility Email: BJONES@BARNWELLSC.COM	Aiken / County ALLENDAL/ BARNWELL COUNTIES DISABILITIES AND SPECIAL NEEDS BOARD CRC-1524 / 08/31/2014	8
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
GENERATIONS OF MONETTA 77 CATO RD MONETTA, SC 29105-9319 FAC.#:803-685-6156 HANNIBAL, VICTORIA C PH#: 803-736-8053 Facility Email: TODD@GENERATIONSOFCAPIN.COM	Aiken / Ltd. Liability PO BOX 96 MONETTA, SC 29105-0096 GENERATIONS OF MONETTA LLC CRC-0876 / 10/31/2014	22
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
GOD'S HAVEN OF REST 516 BELVEDERE CLEARWATER RD NORTH AUGUSTA, SC 29841-2583 FAC.#:803-279-1129 AYERS, HAZEL L PH#: 803-279-1129 Facility Email: LEIGH.3@COMCAST.NET	Aiken / Sole Proprietorship 516 BELVEDERE CLEARWATER RD NORTH AUGUSTA, SC 29841-2583 HAZEL LEIGH AYERS CRC-1237 / 12/31/2013	9
Alzheimer Care:Yes Max # Resident:5	Alzheimer Unit: Yes Max # Beds: 5	
Certifications:None		
HAMMOND HOUSE 128 WALNUT LN NORTH AUGUSTA, SC 29860-9206 FAC.#:803-441-8441 PH#: Facility Email: MSHELLS@ALCCO.COM	Aiken / Corporation 128 WALNUT LN NORTH AUGUSTA, SC 29860-9206 CYPRESS AID OPCO LLC CRC-1405 / 07/31/2014	44
Alzheimer Care:No Max # Resident:5	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
HARBORCHASE OF AIKEN 1385 SILVER BLUFF RD AIKEN, SC 29803-8860 FAC.#:803-642-8444 SMOLA, HEIDI L PH#: 803-642-8444 Facility Email: HSOMOLA@HRAONLINE.NET	Aiken / Corporation 1385 SILVER BLUFF RD AIKEN, SC 29803-8860 TWENTY TWO PACK MANAGEMENT CORPORATION CRC-1316 / 11/30/2013 (Renewal Pending)	110
Alzheimer Care:Yes Max # Resident:29	Alzheimer Unit: Yes Max # Beds: 29	
Certifications:None		

Division of Health Licensing

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HILLS OF CUMBERLAND VILLAGE 3215 WISE CREEK LN AIKEN, SC 29801-2534 FAC.#:803-641-8444 NEAL, ELIZABETH H PH#: 803-641-8444 Facility Email: LNEAL@MARRINSON.COM	Aiken / Corporation 3215 WISE CREEK LN AIKEN, SC 29801-2534 MARRINSON GROUP INC CRC-1121 / 09/30/2014	34
Alzheimer Care:Yes Max # Resident:4	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
HITCHCOCK HOUSE 102 CREPE MYRTLE CT OFC AIKEN, SC 29803-7552 FAC.#:803-649-6439 SARAH, LEVASSEUR PH#: Facility Email: FDRAWDY@ALCCO.COM	Aiken / Corporation W140N8981 LILLY RD MENOMONEE FALLS, WI 53051-2325 CYPRESS AID OPCO LLC CRC-1412 / 07/31/2014	44
Alzheimer Care:Yes Max # Resident:4	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
PARKER'S RESIDENTIAL CARE HOME 935 PINEVIEW DR NEW ELLENTON, SC 29809-3302 FAC.#:803-652-7290 PARKER, DRUCILLA O PH#: 803-652-7290 Facility Email: Not on File	Aiken / Sole Proprietorship 935 PINEVIEW DR NEW ELLENTON, SC 29809-3302 DRUCILLA PARKER CRC-0311 / 01/31/2014	9
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
PERRY ELDERCARE 182 ROBERTS ST E SALLEY, SC 29137-8943 FAC.#:803-564-5092 BROWN, MARY W PH#: 803-564-5092 Facility Email: ANNEMLINDER@GMAIL.COM	Aiken / Corporation PO BOX 1189 WAGENER, SC 29164-1189 TOMACO INC CRC-1183 / 01/31/2014	14
Alzheimer Care:Yes Max # Resident:2	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
RUDNICK CRCF 629 CHESTERFIELD ST AIKEN, SC 29801-4053 FAC.#:803-642-1041 DUNBAR, REPUNZEL PH#: 000-000-0000 Facility Email: WMCKENZIE@AIKENTDC.ORG	Aiken / County PO BOX 698 AIKEN, SC 29802-0698 TRI-DEVELOPMENT CENTER OF AIKEN COUNTY INC CRC-1429 / 02/28/2014	8
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

Division of Health Licensing

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
SANDERS CRCF 625 CHESTERFIELD ST AIKEN, SC 29801-4053 FAC.#:803-642-1044 DUNBAR, REPUNZEL PH#: 000-000-0000 Facility Email: WMCKENZIE@AIKENTDC.ORG	Aiken / County PO BOX 698 AIKEN, SC 29802-0698 TRI-DEVELOPMENT CENTER OF AIKEN COUNTY INC CRC-1430 / 02/28/2014	8
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		
SHADOW OAKS ASSISTED LIVING COMMUNITY 108 GREGG AVE AIKEN, SC 29801-6816 FAC.#:803-643-0300 WILLIAMS, SANDRA G PH#: 803-643-0300 Facility Email: SWILLIAMS@SHADOW-OAKS.COM	Aiken / Ltd. Liability 108 GREGG AVE AIKEN, SC 29801-6816 SHADOW OAKS ASSISTED LIVING COMMUNITY LLC CRC-1425 / 10/31/2014	56
Alzheimer Care: Yes Max # Resident: 12	Alzheimer Unit: Yes Max # Beds: 12	
Certifications: None		
STERLING HOUSE OF NORTH AUGUSTA 105 N HILLS DR OFC NORTH AUGUSTA, SC 29841-0113 FAC.#:803-819-0034 LARKE, ANGELA CORBIN PH#: 803-819-0034 Facility Email: SHNAUGUSTA@BROOKDALELIVING.COM	Aiken / Corporation 105 N HILLS DR OFC NORTH AUGUSTA, SC 29841-0113 BROOKDALE SENIOR LIVING COMMUNITIES INC CRC-1298 / 12/31/2013	52
Alzheimer Care: Yes Max # Resident: 52	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		
TRINITY ON LAURENS 213 LAURENS ST NW AIKEN, SC 29801-3911 FAC.#:803-643-4203 HENRICH, CONSTANCE M PH#: 803-643-4200 Facility Email: CHENRICH@TRINITYONLAURENS.ORG	Aiken / Non-Profit Corporation 213 LAURENS ST NW AIKEN, SC 29801-3911 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) CRC-0935 / 06/30/2014	55
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		
VILLAGE INN COMMUNITY CARE HOME 112 POWELL ST GRANITEVILLE, SC 29829-2906 FAC.#:803-663-9495 HERRON, MICHELE A PH#: 803-663-9495 Facility Email: VILLAGECCH@BELLSOUTH.NET	Aiken / Sole Proprietorship 112 POWELL ST GRANITEVILLE, SC 29829-2906 MICHELE A HERRON CRC-0396 / 03/31/2014	10
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		

Division of Health Licensing

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name	County/Ownership Type	Licensed Units
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	

WE CARE RESIDENTIAL	Aiken / Corporation	55
2370 WILLISTON RD	2394 WILLISTON RD	
AIKEN, SC 29803-9100 FAC.#:803-652-3652	AIKEN, SC 29803-9100	
BUSH, ETHEL E PH#: 803-652-3652	WE CARE RESIDENTIAL INC	
Facility Email: Not on File	CRC-1034 / 08/31/2014	

Alzheimer Care:No	Max # Resident:0	Alzheimer Unit: No	Max # Beds: 0
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Certifications:None

Totals For Facility/License Type: Community Residential Care Facility

Number of Activities/Facilities licensed: <u>16</u>	Number Licensed Units: <u>538</u>
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Division of Health Licensing

County: Aiken

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DUPONT I HABILITATION CENTER 127 DUPONT DR AIKEN, SC 29801 FAC. #: 803-642-8800 HALL, MICHAEL D PH#: Facility Email: RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0141 / 07/31/2014	8
DUPONT II HABILITATION CENTER 129 DUPONT DR AIKEN, SC 29801 FAC. #: 803-642-8800 HALL, MICHAEL D PH#: Facility Email: RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0142 / 07/31/2014	8
LAURENS STREET ICF/MR 728 LAURENS ST NW AIKEN, SC 29801 FAC. #: 803-642-8800 HALL, MICHAEL D PH#: Facility Email: RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0207 / 06/30/2014	8
LINDEN STREET ICF/MR 136 LINDEN ST AIKEN, SC 29801-3759 FAC. #: 803-642-8800 HALL, MICHAEL D PH#: Facility Email: RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0209 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 4 Number Licensed Units: 32

Division of Health Licensing

County: Aiken

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CARESOUTH HHA HOLDINGS OF SOUTH CAROLINA 410 UNIVERSITY PKWY STE 2000 AIKEN, SC 29801-6808 FAC.#:803-335-0821 CAMPBELL, TRACEY L PH#: 803-335-0821 Facility Email: MLROOS@CARESOUTH.COM	Aiken / Limited Liability PO BOX 200 AUGUSTA, GA 30903-0200 CARESOUTH HHA HOLDINGS OF SOUTH CAROLINA LLC HHA-0218 / 10/31/2014	7
Counties Served: Aiken, Allendale, Barnwell, Edgefield, Lexington, McCormick, Saluda License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		
LIBERTY HOME CARE AIKEN 1307 E PINE LOG RD STE B AIKEN, SC 29803-9695 FAC.#:803-643-0001 ARMSTRONG, KIMBERLY PH#: 803-643-0001 Facility Email: KARMASTRONG@LIBERTYHOMECARE.COM	Aiken / Ltd. Liability 610 ALDRICH ST NE AIKEN, SC 29801-6401 LIBERTY HOMECARE AND HOSPICE LLC HHA-0196 / 08/31/2014	1
Counties Served: Aiken License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		
NHC HOMECARE-AIKEN 690 MEDICAL PARK DR STE 200 AIKEN, SC 29801-5385 FAC.#:803-643-1701 GRIFFIS, SARAH PH#: 803-643-1701 Facility Email: NHC@NHCHOMECAREAIKEN.COM	Aiken / Limited Liability Limited Partnership PO BOX 3636 AIKEN, SC 29802-3636 NHC/OP LP HHA-0181 / 06/30/2014	4
Counties Served: Aiken, Barnwell, Edgefield, Orangeburg License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: DIETARY CONSULTATION		
TRINITY HOME SERVICES HOME HEALTH 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801-6348 FAC.#:803-641-8220 KEATING RN, JULIE PH#: 803-641-8220 Facility Email: JULIE_KEATING@CHS.NET	Aiken / Ltd. Liability 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801-6348 CSRA HOLDINGS LLC HHA-0197 / 10/31/2013 (Renewal Pending)	3
Counties Served: Aiken, Barnwell, Edgefield License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: SKILLED NURSING		

County: Aiken

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
UNIVERSITY HOME HEALTH NORTH AUGUSTA 106 E MARTINTOWN RD UNIT B NORTH AUGUSTA, SC 29841-3425 FAC.#:803-278-0770 HARDEN RN, MARY J PH#: 803-278-0770 Facility Email: MHARDEN@UH.ORG Counties Served: Aiken, Edgefield License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:	Aiken / Corporation 106 E MARTINTOWN RD UNIT B NORTH AUGUSTA, SC 29841-3425 UNIVERSITY HEALTH SERVICES INC HHA-0137 / 10/31/2014	2

Totals For Facility/License Type: Home HealthNumber of Activities/Facilities licensed: 5 Number Licensed Units: 17

Division of Health Licensing

County: Aiken

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ALLIANCE HOSPICE 802 E MARTINTOWN RD STE 200 NORTH AUGUSTA, SC 29841-5338 FAC.#:803-441-0174 HALL, RHONDA PH#: 803-441-0174 Facility Email: RHALL@ALLIANCEHOSPICE.COM	Aiken / Ltd. Liability 802 E MARTINTOWN RD STE 200 NORTH AUGUSTA, SC 29841-5338 ALLIANCE HOSPICE LLC HPC-0109 / 05/31/2014	4
Counties Served: Aiken, Barnwell, Edgefield, McCormick		
CARESOUTH HOSPICE 410 UNIVERSITY PKWY STE 2000 AIKEN, SC 29801-6808 FAC.#:803-335-0821 PRINCIPI, SUZANNE PH#: 803-335-0821 Facility Email: SPRINCIPI@CARESOUTH.COM	Aiken / Limited Liability PO BOX 200 AUGUSTA, GA 30903-0200 CARESOUTH HOSPICE LLC HPC-0174 / 09/30/2014	7
Counties Served: Aiken, Allendale, Barnwell, Edgefield, Lexington, McCormick, Saluda		
HOMESTEAD HOSPICE OF AUGUSTA 505 W MARTINTOWN RD NORTH AUGUSTA, SC 29841-3108 FAC.#:803-426-2500 BEATTY, VICKI PH#: 803-426-2500 Facility Email: VBEATTY@HOMESTEADHOSPICE.NET	Aiken / Limited Liability 10888 CRABAPPLE RD ROSWELL, GA 30075-5850 HOMESTEAD HOSPICE OF AUGUSTA LLC HPC-0171 / 06/30/2014	11
Counties Served: Aiken, Allendale, Bamberg, Barnwell, Calhoun, Edgefield, Greenwood, Lexington, McCormick, Orangeburg, Saluda		
INFINITY HOSPICE OF AIKEN 225 BARNWELL AVE NW AIKEN, SC 29801-3903 FAC.#:803-226-0387 LOMASTRO, BRIAN PH#: 803-226-0387 Facility Email: BLOMASTRO@INFINITYHC.COM	Aiken / Limited Liability 225 BARNWELL AVE NW AIKEN, SC 29801-3903 INFINITY HOSPICE OF AIKEN LLC HPC-0148 / 10/31/2014	46
Counties Served: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York		
LIBERTY HOME CARE AND HOSPICE-AIKEN 1307 E PINE LOG RD STE B AIKEN, SC 29803-9695 FAC.#:803-643-0001 ARMSTRONG, KIMBERLY PH#: 803-643-0001 Facility Email: Not on File	Aiken / Ltd. Liability 1307 E PINE LOG RD STE B AIKEN, SC 29803-9695 LIBERTY HOMECARE AND HOSPICE LLC HPC-0112 / 08/31/2014	3
Counties Served: Aiken, Barnwell, Edgefield		

Division of Health Licensing

County: Aiken

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
REGENCY HOSPICE OF SOUTH CAROLINA 105 SUMMERWOOD WAY STE D AIKEN, SC 29803-7775 FAC.#:803-648-2117 CALABRESE RN, JOYCE J PH#: 803-648-2117 Facility Email: DABELL@CUROHS.COM	Aiken / Ltd. Liability 491 WILLIAMSON RD STE 204 MOORESVILLE, NC 28117-9255 REGENCY HOSPICE OF GEORGIA LLC HPC-0085 / 02/28/2014	46
Counties Served: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York		
ST JOSEPH HOSPICE 1708 BUNTING DR STE A NORTH AUGUSTA, SC 29841-6124 FAC.#:803-349-8070 BRUCE, SUSAN M PH#: 803-349-8070 Facility Email: SBRUCECHCE@GMAIL.COM	Aiken / Limited Liability 1220 GEORGE C WILSON DR AUGUSTA, GA 30909-4501 ST JOSEPH HOSPICE LLC HPC-0163 / 01/31/2014	6
Counties Served: Aiken, Barnwell, Edgefield, Lexington, McCormick, Saluda		
TRINITY HOME SERVICES-CENTER FOR HOSPICE & PALLIATIVE CARE 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801-6348 FAC.#:803-641-8220 KEATING RN, JULIE PH#: 803-641-8220 Facility Email: JULIE_KEATING@CHS.NET Counties Served: Aiken, Barnwell, Edgefield	Aiken / Ltd. Liability 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801-6348 CSRA HOLDINGS LLC HPC-0116 / 10/31/2014	3

Totals For Facility/License Type: Hospice ProgramNumber of Activities/Facilities licensed: 8 Number Licensed Units: 126

Division of Health Licensing

County: Aiken

Facility Type: Hospital or Institutional General Infirmary

Facility Name	County/Ownership Type	Licensed
Location Street	Mailing/Billing Address	Units
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	

AIKEN REGIONAL MEDICAL CENTERS	Aiken / Corporation	245
302 UNIVERSITY PKWY	302 UNIVERSITY PKWY	
AIKEN, SC 29801-2792 FAC.#:803-641-5600	AIKEN, SC 29801-2792	
MILANES, CARLOS PH#: 803-641-5383	AIKEN REGIONAL MEDICAL CENTERS LLC	
Facility Email: CARLOS.MILANES@UHSINC.COM	HTL-0152 / 11/30/2014	

Licensed Beds: General: 183 Psychiatric: 44 Rehab: 0 Substance Abuse: 18

Other Beds : NICU: 0 Neonatal Special Care: 8

Certifications: Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 1 Number Licensed Units: 245

Division of Health Licensing

County: Aiken

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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ANCHOR HEALTH & REHAB OF AIKEN 550 EASTGATE DR AIKEN, SC 29803-7688 FAC.#:803-643-3694 FOWLER, WANDA M PH#: 864-630-2698 Facility Email: KGINN@COVENANTDOVE.COM	Aiken / Limited Liability 550 EASTGATE DR AIKEN, SC 29803-7688 FAITH HEALTH AND REHAB OF AIKEN LLC NCF-0902 / 12/31/2013	60
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Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

AZALEAWOODS REHAB & NURSING CENTER 123 DUPONT DR NW AIKEN, SC 29801-4089 FAC.#:803-648-0434 ARMSTRONG, TIM E PH#: 803-648-0434 Facility Email: RYAN@COOKE-ASSOCIATES.COM	Aiken / Limited Liability PO BOX 2829 AIKEN, SC 29802 AZALEAWOODS OPERATING LLC NCF-0938 / 09/30/2014	86
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Licensed Beds: Nursing Home: 86 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

NHC HEALTHCARE NORTH AUGUSTA 350 AUSTIN GRAYBILL RD NORTH AUGUSTA, SC 29860-9251 FAC.#:803-278-4272 HILL, HEATH E PH#: 803-278-4272 Facility Email: HEATHH@NHCNORTH AUGUSTA.COM	Aiken / Ltd. Liability PO BOX 7979 NORTH AUGUSTA, SC 29861-7979 NHC HEALTHCARE/NORTH AUGUSTA LLC NCF-0799 / 06/30/2014	192
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Licensed Beds: Nursing Home: 192 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PEPPER HILL NURSING & REHAB CENTER 3525 AUGUSTUS RD AIKEN, SC 29801-2701 FAC.#:803-642-8376 JONES, JANICE G PH#: 803-642-8376 Facility Email: SCOTTJONES@PEPPERHILL.COM	Aiken / Limited Liability PO BOX 3188 AIKEN, SC 29802-3188 PEPPER HILL NURSING & REHAB CENTER LLC NCF-0879 / 11/30/2014	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Division of Health Licensing

County: Aiken

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
UNIHEALTH POST ACUTE CARE-AIKEN 830 LAURENS ST AIKEN, SC 29801-0475 FAC.#:803-641-8000 WEBER, JESSICA P PH#: 000-000-0000 Facility Email: MSANTILLI@UHS-PRUITT.COM	Aiken / Limited Liability 830 LAURENS ST AIKEN, SC 29801-0475 UNIHEALTH POST ACUTE CARE-AIKEN LLC NCF-0942 / 06/30/2014	176

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

UNIHEALTH POST ACUTE CARE-NORTH AUGUSTA 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 FAC.#:803-278-2170 GILL, KATHRYN PH#: 803-278-2170 Facility Email: KAGILL@UHS-PRUITT.COM	Aiken / Limited Liability 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 UNIHEALTH POST ACUTE CARE-NORTH AUGUSTA LLC NCF-0721 / 10/31/2014	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 6 Number Licensed Units: 778

County: Aiken

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AIKEN COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE 1105 GREGG HWY AIKEN, SC 29801-6341 FAC.#:803-649-1900 MATTOCKS, H HERBERT PH#: 803-649-1900 Facility Email: INFO@AIKENCENTER.ORG	Aiken / County 1105 GREGG HWY AIKEN, SC 29801-6341 AIKEN COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE (BOARD) OTP-0006 / 06/30/2014	1

Certifications:None

AIKEN TREATMENT SPECIALISTS 410 UNIVERSITY PKWY STE 1560 AIKEN, SC 29801-6834 FAC.#:803-641-6911 SMITH, ASHBY M PH#: 803-641-6911 Facility Email: BKBRADY@CHARTER.NET	Aiken / Corporation 101 PLAYER WAY SIMPSONVILLE, SC 29681-4007 AIKEN TREATMENT SPECIALISTS INC OTPN-0108 / 12/31/2013	1
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Certifications:Narcotics Treatment Program, Methodone Treatment Program

Totals For Facility/License Type: PSAD Outpatient
 Number of Activities/Facilities licensed: 2 Number Licensed Units: 2

Division of Health Licensing

County: Aiken

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AIKEN DIALYSIS 775 MEDICAL PARK DR AIKEN, SC 29801-6306 FAC.#:803-641-4222 GIBERT RN, LISA PH#: 000-000-0000 Facility Email: Not on File	Aiken / Corporation 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 DVA HEALTHCARE RENAL CARE INC ERD-0034 / 03/31/2014	21

Licensed Stations: Hemodialysis: 20 Peritoneal: 1

RIVER VIEW KIDNEY CENTER 10263 ATOMIC RD NORTH AUGUSTA, SC 29841 FAC.#:803-279-3722 POOLE RN, EMILY O PH#: Facility Email: BEN.DELP@RENALADVANTAGE.COM	Aiken / Limited Liability 1550 W MCEWEN DR STE 500 FRANKLIN, TN 37067-1731 NRA-NORTH AUGUSTA SOUTH CAROLINA LLC ERD-0173 / 09/30/2014	22
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Licensed Stations: Hemodialysis: 21 Peritoneal: 1

US RENAL CARE SOUTH AIKEN DIALYSIS 169 CREPE MYRTLE CT AIKEN, SC 29803-7543 FAC.#:803-644-8484 JOHNSON, CONSTANCE RENEE PH#: 803-593-8169 Facility Email: CJOHNSON@USREALCARE.COM	Aiken / Limited Liability 2400 DALLAS PKWY STE 350 PLANO, TX 75093-4380 DCA OF SOUTH AIKEN LLC ERD-0156 / 03/31/2014	18
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Licensed Stations: Hemodialysis: 18 Peritoneal: 2

Totals For Facility/License Type: Renal Dialysis

Number of Activities/Facilities licensed: 3 Number Licensed Units: 61

Number of Activities/Facilities licensed in county of Aiken # Lics: 49
Number Licensed Units : 1,842

Report Totals:

Total Number of Activities/Facilities licensed 49 Total Number Licensed Units: 1,842